



OFFICE OF PLANNING AND DEVELOPMENT

City of Leominster, Massachusetts

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**Community Development Block Grant Program
Proposal Form**

Year 42 (July 1, 2016- June 30, 2017) Project

CDBG FUNDS REQUESTED: _____

Name of Organization/Applicant: _____

Contact Person: _____

Address: _____

Telephone: _____ Fax: _____ Email Address: _____

PROJECT PROPOSAL INFORMATION:

Title of Proposed Project: _____

Description of Project: Please provide an overview of the project proposal in the **space provided below**. (For more detailed information, please attach additional pages as needed):

Total persons proposed to be served in Year 42: _____

PROJECT BUDGET (Please list the specific expenses and the total amount requested in the space below):

How does your proposed project assist people in the Leominster HUD CORE AREA:

AGENCY INFORMATION (Please answer the following questions in the space below):

What is the total agency budget? _____

What are your other funding sources? _____

EXPLAIN HOW PROJECT PERFORMANCE WILL BE MEASURED:

- a) Describe the type of service units to be delivered. For example, education, shelter, translation, inspections, loans, etc.
- b) Quantify the number of service units to be provided by the proposed project.
- c) Describe the outcome or impact the activity will have on the population to be served.

PROPOSALS MUST BE SUBMITTED BY: 4:00 P.M., Wednesday, January 6, 2016
(1 Original – no additional copies are necessary)

Please be certain to complete this form in its entirety. Form will be reviewed by the **CDBG Funding Committee Members to determine which proposals will be funded in the upcoming year.**